FOR INSTRUCTIONS, SEE BACK OF FORM

DISCLOSURE SUMMARY PAGE

File with: Iowa Ethics and Campaign Disclosure Board 510 E. 12th, Ste. 1A Des Moines, Iowa 50319 Fax: 515-281-4073

Effective January 1, 2010, all statements and reports filed by new committees. PAIGN DISCLOSURE BUT for state office must be filed electronically and effective January 1, 2012, all statements and reports filed by all committees for state office must be filed electronically.

Effective May 1, 2010, all statements and reports for State PACs and State Parties must be filed electronically.

2012 OCT -9 AM 8: 19

IA ETHICS AMU

	Reset For			
COMMITTEE NAME (Must be same as on Statement of O	Organization)	america ad		
COMMITTEE TO ELECT TOM WATSON	,		FORM	
IMPORTANT: Indicate by # type of committee you are reporting for (1) Statewide/Legislative/Judge Standing for Retention Candidate (4) County Central Committee (5) County Candidate (6) City Cashidiate (6) City Cashidiate (6) City Cashidiate (7) Candidate (1) City Cashidiate (1) Candidate (1) Cashidiate (1)	e (2)State PAC (3)State Party		DR-2 (Rev. 12/2009)	DISCLOSURE REPORT
Subdivision Candidate (8) County PAC (9) City PAC (10) Scholl) Local Ballot Issue	ool Board or Other Political Subdivision PAC		For Office Use On	
CANDIDATE COMMITTEES ONLY:		= 1	Comm. # 8	
Candidate Name	Political Party (if applicable)	1: 1	Logged In	
TOM WATSON	REPUBLICAN		Scanned	
Office Sought COUNTY SUPERVISOR	District (if Senate or House)		Computer	
ate reports are subject to possible civil and criminal penalties. Fandidate's committee, and the chairperson, for any other type of	Pursuant to Iowa Code sections 68B.32A of committee, is the individual responsible	(7) and 6	8A.401(3), the can	didate, for a
0. 2.400.	and a same and a same a sa	TOT IMING	unicity and accura	te reports.
Jahn TWUN	319-538-1357		10 0- 2	4 . `
IGNATURE OF PERSON FILING REPORT	TELEPHONE	-	10-8-20 DATE SI	CNED
		Manager 1981	DATE SI	SNED
AM FILING A 10/08/2012	REPORT FOR (1) ELECTION	//2\NON	LEI ECTION VEN	D
(report date)	Indicate by #	-	-LLECTION TEA	rt.
CHECK IF AMENDMENT TO REPORT DATED				
	T T	Local Cor	nmittees, enter Date	of Election
Check if this is final (toomination)				
Check if this is final (termination) report and attach Notice (You must continue to file reports until a DR-3 is file	/ ho	County & which Ele	Local Committees, ction is held	enter County in
(You must continue to file reports until a DR-3 is file	ed.)	County & which Ele	Local Committees, ction is held	enter County in
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COMMITTE	E NAME (Must be same as on Statement of Or TEE TO ELECT TOM WATSON	ganization)		SCHEDULE E (Rev. 06/97)	IN-KIND CONTRIBUTIONS
			Reset Form		THIS BOX IF NG FORM
DATE RECEIVED (MM/DD/YR)	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE * (if applicable)	DESCRIPTION OF IN KIND CONTRIBUTION	ESTIMATED FAIR MARKET VALUE	√ IF FOR FUND-RAISER CONTRIBUTION
09/06/2012	TOM WATSON 2293 BURT ROAD PALO, IA 52324	CANDIDATE	forgiveness of debt	\$ 3,597.80	
9/06/2012	TOM WATSON 2293 BURT ROAD PALO, IA 52324	CANDIDATE	forgiveness of loan	1,174.46	

The state of the s					
			SUB-TOTAL TOTAL (if last page of this schedule)	\$ 4,772.26 \$ 4,772.26	

*Disclosure law requires candidates to disclose the relationship of any relative making an in kind contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). (See Page 2 of forms packet.) If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page _____ of ____ (for Schedule E)

MMITTEE	ME(Must be same as on Statement of Organization) TO ELECT TOM WATSON			(Rev. 02/08)	LOANS RECEIVE & REPAIR
	dule reports money loaned to the committee which is deposit LOANS FROM LAST REPORTING PERIOD \$	ted in the committee	account.	L CHECK 1	THIS BOX IG FORM
TI - MONET (Origina	ARY LOANS RECEIVED THIS REPORTING PERIOD Is source of loan, such as a bank, must be shown if a third pa	rty is involved. Incl	ude loans from candid	fate's personal fu	unds.)
DATE RECEIVED (MM/DD/YR)	NAME AND ADDRESS OF LENDER (Include Endorser's Name, If Applicable)	CAND	ELATIONSHIP TO IDATE (If Applicable*)	AMOUNT O	F LOAN
				\$	
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		1			ì
				or the state of th	
TII - MONE (Loans)	TARY LOAN REPAYMENTS MADE THIS REPORTING PE forgiven must be reported on Schedule E In-kind Contribut	RIOD	(PART I)	\$	
DATE PAID	TARY LOAN REPAYMENTS MADE <u>THIS</u> REPORTING PE forgiven must be reported on Schedule E In-kind Contribut NAME AND ADDRESS OF LENDER (Include Endorser's Name, If Applicable)	RIOD tions.)	ATIONSHIP TO	\$AMOUNT RE	
DATE PAID MM/DD/YR)	NAME AND ADDRESS OF LENDER	RIOD tions.)			EPAID
DATE PAID MM/DD/YR)	NAME AND ADDRESS OF LENDER (Include Endorser's Name, If Applicable) TOM WATSON 2293 BURT ROAD	RIOD tions.)	ATIONSHIP TO DATE* (If Applicable)	AMOUNT RE	EPAID
DATE PAID MM/DD/YR)	NAME AND ADDRESS OF LENDER (Include Endorser's Name, If Applicable) TOM WATSON 2293 BURT ROAD	RIOD tions.)	ATIONSHIP TO DATE* (If Applicable)	AMOUNT RE	EPAID
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